



SUNY DOWNSTATE Health Sciences University

Telecommuting Program for M/C, CSEA, PEF and UUP Represented Employees ATTACHMENT A

Please indicate an alternate phone number: _____

Please note your schedule below (you must be available during these scheduled times)

<u>Day of the Week</u>	<u>Scheduled Start Time</u>	<u>Scheduled End Time</u>	<u>At Official Work Station</u>	<u>Telecommuting</u>
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Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Provide any additional details about the work being performed offsite during telecommuting (e.g., any variability in the above schedule like meeting attendance):

This telecommuting assignment Began:

Supervisor/Manager provided orientation/training concerning the telecommuting assignment and how to submit the work performed on:

_ Complete this section only after telecommuting program ends and employee reports exclusively at official worksite.

Telecommuting Ended on:

State-Issued Equipment Returned on:

Signature of Employee:

Signature of Supervisor/Manager: